## Form **8871** (July 2000)

For Paperwork Reduction Act Notice, see page 4.

## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Form **8871** (7-2000)

Part I General Information  1 Name of organization				
1 Name of organization	on			
Alice Claus	ing for	State	Senate	Employer identification number 39 1844 004
2 Mailing address (P.O. Box or nu	imber street, and roor	m or suite nu	ımber)	
City or town, state, and ZIP coo	E WI	54	1751	
3 E-mail address of organization				
4a Name of custodian of records	_	4b Custo	703 245	Street
ShirleyFredr	ickson			WI 54751
5a Name of contact person		5b Conta	rct person's address	Street
Shirley Fred		^	lenomonie	WI 5475/
6 Business address of organization	n (if different from ma	iling address	shown above). Number, stre	et, and room or suite number
City or town, state, and ZIP coo	de			
Part II Purpose				
7 Describe the purpose of the org	anization	i	1 00	in commetted
	port	Tica	1 campai	an committee
	1		•	J
		•••••	••••••	
		:		
Part III List of All Related	d Entities (see ins	tructions)	N/A	
Part III List of All Related 8a Name of related entity	d Entities (see ins		Bc Address	
			8c Address	
		hip		
		hip		
		hip	Bc Address	
		hip	REC	
		hip		
		hip	REC	

Cat. No. 30405V

Part IV List of All Officers, Directors, and Highly Compensated Employees (see instructions)				
9a Name		9b Title	9c Address	
Under penalties of perjury, I declare that the organization named in Part I is to be treated as an organization described in section 527 of the Internal Revenue Code, and that I have examined this notice, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.				
Sign	Signature of authorized office	Clausin	7 31 00 Date	
Printed on recycled paper Form 8871 (7-2000)				